#### **REDACTED - FOR PUBLIC INSPECTION**

| FCC For | m 481 - Carrier Annual Reporting  Data Collection Form                          |                      | FCC Form 451  OMB Central No. 3060 GB 6/OMB Central No. 3060 0819  Tofy 2013 |
|---------|---------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------|
| <010>   | Study Area Code                                                                 | 300625               |                                                                              |
| <015>   | Study Area Name                                                                 | KALIDA TEL CO        |                                                                              |
| <020>   | Program Year                                                                    | 2017                 |                                                                              |
| <030>   | Contact Name: Person USAC should contact with questions about this data         | Joyce Grote          |                                                                              |
| <035>   | Contact Telephone Number:<br>Number of the person identified in data line <030> | 4195323218 ext.      |                                                                              |
| <039>   | Contact Email Address:<br>Email of the person identified in data line <030>     | joyceg@kalidatel.com |                                                                              |
|         | Form Type                                                                       | 54.313 and 54.422    |                                                                              |

| (100) 6                                            | ervice Quality Improvement Reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                 |    |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|----|
| Data Collection Form                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE OF THE STATE |                                    | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-083<br>July 2013 | 19 |
| <010>                                              | Study Area Code Study Area Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 300625<br>KALIDA TEL CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                                                 |    |
| <020><br><030><br><035>                            | Program Year  Contact Name - Person USAC should contact regarding this data  Contact Tolophore Number of program identified to the 1020                                                                                                                                                                                                                                                                                                                                                                                        | 2017<br>Joyce Grote<br>4195323218 ext.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                 |    |
| <039>                                              | Contact Telephone Number - Number of person identified in data line <030>  Contact Email Address - Email Address of person identified in data line <030>                                                                                                                                                                                                                                                                                                                                                                       | joyceq@kalidatel.c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | om                                 |                                                                                 |    |
| <110>                                              | Has your company received its ETC certification from the FCC?  If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?                                                                                                                                                                                                                                                                                                                                                       | (yes / no )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 00                                 |                                                                                 |    |
| <112>                                              | If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <mark>250H112.pdf</mark>           |                                                                                 |    |
|                                                    | Please select the appropriate responses below (Yes, No, Not Applicable) to conf<br>that the attached document(s), on line 112, contains a progress report on its fiv<br>service quality improvement plan pursuant to §54.202(a). The information shall<br>submitted at the wire center level or census block as appropriate.                                                                                                                                                                                                   | e-year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N                                  | ame of Attached Document                                                        |    |
| <113><br><114><br><115><br><116><br><117><br><117> | Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How much (USF) was used to improve service quality and how support was used to impr How much (USF) was used to improve service coverage and how support was used to im How much (USF) was used to improve service capacity and how support was used to imp Provide an explanation of network improvement targets not met in the prior calendar year.                                                         | prove service coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes Yes Yes Yes Yes Not Applicable |                                                                                 |    |

# Five-Year Progress Report Redacted in Its Entirety

| a Coll | ection Form                 |                      |                      |                    |                    |                                 |                              |                                          |                                                   | IB Control No. 3060<br>2013                                     | -0985/OMB Control N          | D. <b>3060-0819</b>     |
|--------|-----------------------------|----------------------|----------------------|--------------------|--------------------|---------------------------------|------------------------------|------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|------------------------------|-------------------------|
| <010>  | Study Area Co               | de                   |                      |                    |                    | 300625                          |                              |                                          |                                                   |                                                                 |                              |                         |
| :015>  | Study Area Na               | me                   |                      |                    |                    | KALIDA TEL                      | co                           |                                          |                                                   |                                                                 |                              |                         |
| :020>  | Program Year                |                      |                      |                    |                    | 2017                            |                              |                                          |                                                   |                                                                 |                              |                         |
| 030>   | Contact Name                | - Person USAC        | should contac        | t regarding this   | data               | Jcyce Grote                     |                              |                                          |                                                   |                                                                 |                              |                         |
| :035>  | Contact Telep               | hone Number -        | Number of pe         | rson identified    | in data line <0    | 30> 4195323218                  | ext.                         |                                          |                                                   |                                                                 |                              |                         |
| :039>  | Contact Email               | Address - Emai       | Address of pe        | rson identified    | in data line <0    | 30> joycegakali                 | datel.com                    |                                          |                                                   |                                                                 |                              |                         |
| 210>   | For the prior               | calendar yea         | r, were there        | any reportat       | ole voice serv     | ice outages?                    | No                           |                                          |                                                   | <del></del>                                                     |                              |                         |
| 220>   | <8>                         | <b1></b1>            | <b2></b2>            | <b3></b3>          | <b4></b4>          | <c1></c1>                       | <c2></c2>                    | <d></d>                                  | <e></e>                                           | <₽                                                              | <g></g>                      | <h></h>                 |
|        | NORS<br>Reference<br>Number | Outage Start<br>Date | Outage Start<br>Time | Outage End<br>Date | Outage End<br>Time | Number of<br>Customers Affected | Total Number of<br>Customers | 911 Facilities<br>Affected<br>(Yes / No) | Service Outage Description (Check all that apply) | Old This Outage<br>Affect Multiple<br>Study Areas<br>(Yes / No) | Service Outage<br>Resolution | Preventati<br>Procedure |
|        |                             |                      |                      |                    |                    |                                 |                              |                                          |                                                   |                                                                 |                              |                         |
|        |                             |                      |                      |                    |                    |                                 |                              |                                          |                                                   |                                                                 |                              |                         |
|        |                             |                      |                      |                    |                    |                                 |                              |                                          |                                                   |                                                                 |                              |                         |
|        |                             |                      |                      |                    |                    |                                 |                              |                                          |                                                   |                                                                 |                              |                         |
|        |                             |                      |                      |                    |                    |                                 |                              |                                          |                                                   |                                                                 |                              |                         |
|        |                             |                      |                      |                    |                    |                                 |                              |                                          |                                                   |                                                                 |                              |                         |
|        |                             |                      |                      |                    |                    |                                 |                              |                                          |                                                   |                                                                 |                              |                         |
|        |                             |                      |                      |                    |                    |                                 |                              |                                          |                                                   |                                                                 |                              |                         |
|        | <b>——</b>                   | l                    |                      | <b></b>            | <del></del>        | <del> </del>                    | ļ                            |                                          |                                                   |                                                                 |                              | <del></del>             |

| (300) Unfulfilled Service Request<br>Data Collection Form                           | FCC Form 481. ON/9 Control No. 3060-0986/OMB Control No. 3060-0819 |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
|                                                                                     | 1 July 2013                                                        |
| <010> Study Area Code                                                               | 300625                                                             |
| <015> Study Area Name                                                               | KALIDA TEL CO                                                      |
| <020> Program Year                                                                  | 2017                                                               |
| <030> Contact Name - Person USAC should contact regarding this data                 | Joyce Grote                                                        |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 4195323218 axt.                                                    |
| <039> Contact Email Address - Email Address of person identified in data line <030> | > joyreg@kalidatel.com                                             |
| <300> Unfulfilled service request (vaice)                                           | 0                                                                  |
| <310> Detail on attempts (voice)                                                    |                                                                    |
|                                                                                     | Name of Attached Document                                          |
| <320> Unfulfilled service request (broadband)                                       | 0                                                                  |
|                                                                                     |                                                                    |
| <35U> Detail on attempts (broadband)                                                | Name of Attached Document                                          |

| (400) Number of Compleints per 1,000 customers | FCC Form 483                                              |   |
|------------------------------------------------|-----------------------------------------------------------|---|
| Parts Collection Form                          | OASS Control for SOCO-OSES CONSIDER Control No. 1060-0819 | ) |
|                                                | n.ly 201.8                                                |   |
|                                                |                                                           |   |

| <010> | Study Area Code                                                                                                                                                                   | 100425                                                                                       |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| <015> | Study Area Name                                                                                                                                                                   | ALIDA TEL C.                                                                                 |  |
| <020> | Program Year                                                                                                                                                                      | 2717                                                                                         |  |
| <030> | Contact Name - Person USAC should conta                                                                                                                                           | act regarding this data                                                                      |  |
| <035> | Contact Telephone Number - Number of p<br><030>                                                                                                                                   | person identified in data line                                                               |  |
| <039> | Contact Email Address - Email Address of <030>                                                                                                                                    | person identified in data line 199, as ratidated com                                         |  |
| <400> | Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in whice any facilities you own, operate, lease, or o | e telephony service in the prior Offered only fixed voice ch you are designated an ETC for   |  |
| <410> | Complaints per 1000 customers for fixed v                                                                                                                                         | voice 0.0                                                                                    |  |
| <420> | Complaints per 1000 customers for mobile                                                                                                                                          | e voice                                                                                      |  |
| <430> | Select from the drop-down list to indicate end-user customer complaints (zero or grethe prior calendar year for each service ar an ETC for any facilities you own, operate,       | eater) for broadband service in Offered only fixed broadband rea in which you are designated |  |
| <440> | Complaints per 1000 customers for fixed t                                                                                                                                         | broadband 0.0                                                                                |  |
| <450> | Complaints per 1000 customers for mobile                                                                                                                                          | e broadband                                                                                  |  |

| Called Street | npliance With Service Quality Standards and Consumer Protection Rules<br>ection Form |                    | FDC Form 481<br>ONID Control No. 3060-0955/ONIB Control No. 5060-0819<br>July 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------|--------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <010>         | Study Area Code                                                                      | 176×25             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| -015>         | Study Area Name                                                                      | ERGIDA THE CO      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| -02C=         | Program Year                                                                         | 2017               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <030>         | Contact Name - Person USAC should contact regarding this data                        | June Grote         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <035>         | Contact Telephone Number - Number of person identified in data line <030>            | 4195:23218 cir     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <039>         | Contact Email Address - Email Address of person identified in data line <030>        | jeg = alidatel com | 100 C |
| <500>         | Certify compliance with applicable service quality standards and consumer pro        | otection rules Yes |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <510>         | Descriptive document for Service Quality Standards & Consumer Protection Ru          | 3006210H110.pdf    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853 Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

Line 510, Service Quality Standards and Consumer Protection Rules Compliance Kalida Telephone Company, Inc. (SAC 300625)

Documentation of the company's compliance with certification requirements pursuant to 47 CFR §54.313(a)(5).

In addition to the rules and regulations contained in Title 47, Code of Federal Regulations, Kalida Telephone Company, Inc. is subject to the following Service Quality Standards and Consumer Protection Rules of the Public Utilities Commission of Ohio:

### Ohio Administrative Code

| Ohio Administr |                                                                                                                                                  |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 4901:1-6-09    | Eligible Telecommunication Carrier certification (high cost and Lifeline).                                                                       |
| 4901:1-6-12    | Service Requirements for BLES (Basic Local Exchange Service), including installation and repair intervals, deposits, payments and disconnection. |
| 4901:1-6-13    | Warm line service.                                                                                                                               |
|                |                                                                                                                                                  |
| 4901:1-6-14    | BLES pricing parameters, including late payment charges and reconnection fees.                                                                   |
| 4901:1-6-15    | Directory Information.                                                                                                                           |
| 4901:1-6-16    | Unfair or deceptive acts and practices.                                                                                                          |
| 4901:1-6-17    | Truth in billing requirements.                                                                                                                   |
| 4901:1-6-18    | Slamming and preferred carrier freezes.                                                                                                          |
| 4901:1-6-19    | Lifeline requirements.                                                                                                                           |
| 4901:1-6-20    | Discounts for persons with communications disabilities.                                                                                          |
| 4901:1-6-27    | Provider of last resort (POLR).                                                                                                                  |
| 4901:1-6-30    | Company records and complaint procedures.                                                                                                        |
| 4901:1-6-31    | Emergency and outage operations.                                                                                                                 |
| 4901:1-7-03    | Toll presubscription.                                                                                                                            |
| 4901:1-7-24    | Local number portability (LNP).                                                                                                                  |
| 4901:1-7-26    | Competition safeguards (CPNI).                                                                                                                   |
|                |                                                                                                                                                  |

#### Ohio Revised Code

| 4927.06 | Unfair or deceptive trade practices.                                                   |
|---------|----------------------------------------------------------------------------------------|
| 4927.08 | Basic local exchange service standards.                                                |
| 4927.09 | Access to 9-1-1 service.                                                               |
| 4927.11 | Access to basic local exchange service.                                                |
| 4927.12 | Alteration of rates for basic local exchange service.                                  |
| 4927.13 | Lifeline service for eligible residential customers.                                   |
| 4927.14 | Adoption of rules for rates for persons with disabilities.                             |
| 4927.15 | Rates, terms and conditions for 9-1-1 and other services.                              |
| 4927.17 | Notice of rates, terms or conditions of service; contact information to be provided on |
|         | bills and notices.                                                                     |
| 4927.21 | Complaints against Telephone Company.                                                  |

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

The company has established policies and procedures designed to protect consumers, including publishing customer rights, formal complaint procedures, and policies related to privacy, slamming and network management. These can be viewed on the company's web site at www.kalidatel.com.

The company observes strict compliance to all CPNI rules, including training for new employees, refresher training for current employees, maintaining written practices for handling CPNI and submitting annual certifications to regulatory agencies. The CPNI manual is available for inspection at the company business office. The company uses third party verification to prevent slamming and uses a contracted service order administrator to process LNP requests within the time constraints contained in the rules. Customer billing is performed by a billing vendor that maintains software that complies with all truth in billing requirements, including the information that is required to be displayed on the customer bill. The company maintains a CALEA manual and utilizes a third party vendor to make sure that all CALEA requests are processed in accordance with applicable laws and regulations. The CALEA manual and procedures are filed with the appropriate agencies and are also maintained at the company business office.

The company's Basic Local Exchange Service Tariff, PUCO No. 5, contains BLES pricing, 9-1-1, Lifeline and IntraLATA presubscription information, terms and conditions. The tariff is available at the company business office and in the tariff section of the PUCO website http://www.puco.ohio.gov.

Other sections of FCC Form 481 contain additional information regarding the following: Lifeline terms and conditions - Line 1210 Emergency operations - Line 610

| (600) Functionality in Emergency Situations Data Collection Form |                                                                               |                      | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------|
| <010>                                                            | Study Area Code                                                               | 100-15               |                                                                                  |
| <015>                                                            | Study Area Name                                                               | KALIDA TEL CO        |                                                                                  |
| <020>                                                            | Program Year                                                                  | 2917                 |                                                                                  |
| <030>                                                            | Contact Name - Person USAC should contact regarding this data                 | July Grote           |                                                                                  |
| <035>                                                            | Contact Telephone Number - Number of person identified in data line <030>     | 41951_3218 ext.      |                                                                                  |
| <039>                                                            | Contact Email Address - Email Address of person identified in data line < 30> | jorcegolalidatel.com |                                                                                  |
| <600> (                                                          | Certify compliance regarding ability to function in emergency situations      | Yes                  |                                                                                  |
| <610> D                                                          | Descriptive document for Functionality in Emergency Situations                | 3006250H610.put      |                                                                                  |

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

Line 610, Functionality in Emergency Situations - Voice and Broadband Kalida Telephone Company, Inc. (300625)

Documentation of the company's processes implemented to assure compliance with certification requirements pursuant to 47 CFR §54.313(a)(6) and §54.202(a)(2).

Kalida Telephone Company, Inc. has an employee call-out procedure in place to mobilize its entire workforce in the event of an emergency situation. The notification process utilizes landline, cellular and internet technologies. In the event of total failure of all communications technologies, company practices include having employees report to the central office to obtain further instructions.

The central office and core network functionality is supported by a minimum of 8 hours of battery reserve and a 70 KW generator set fueled by Natural Gas, which can run indefinitely. Network nodes containing active electronic equipment are equipped with battery backup. The company maintains a number of portable generator sets that can be deployed to network nodes in the event a power outage exceeds the battery reserve capacity.

The facility network is designed as a diverse-routed fiber optic ring, capable of instantaneously switching traffic around damaged facilities. Employees are trained in fiber optic splicing and the necessary equipment is maintained on-site for rapid deployment and restoration. Separate facilities support the PSTN and broadband network connections to other carriers. In the event that all PSTN facilities are damaged, the switch is capable of both TDM and IP formats, providing the ability to reroute PSTN traffic via dedicated IP facilities to other carriers.

The network is capable of managing traffic spikes caused by emergency situations. This is accomplished by maintaining properly sized trunk groups to the PSTN and by providing substantial broadband backbone bandwidth capable of carrying overflow voice traffic in addition to data traffic.

The capabilities and procedures listed above apply to the Company's voice and broadband networks since many functions are intertwined. For example, the fixed, central office generator set provides power to both the voice switching and circuit equipment as well as the DSLAMs, routers, optical terminals and other broadband equipment. The same is true for the portable generator sets provide emergency power to the voice and broadband equipment located in the field network nodes. Personnel call-out and response is identical for situations that interrupt the voice as well as broadband network.

#### **REDACTED - FOR PUBLIC INSPECTION**

| STATE OF THE PARTY | ce Offerings including Voice Rate Data<br>lection Form                                                      |                     |     | FCC Form 481<br>OM8 Control No. 3060-0986/OM8 Control No. 3060-0819<br>July 2013 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------|-----|----------------------------------------------------------------------------------|
| <010>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Study Area Code                                                                                             | 300625              |     |                                                                                  |
| <015>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Study Area Name                                                                                             | KALIDA TEL CO       |     |                                                                                  |
| <020>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Program Year                                                                                                | 2017                |     |                                                                                  |
| <030>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Contact Name - Person USAC should contact regarding this data                                               | Joyce Grote         |     |                                                                                  |
| <035>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Contact Telephone Number - Number of person identified in data line <030:                                   | > 4195323218 ext.   |     |                                                                                  |
| <039>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Contact Email Address - Email Address of person identified in data line <030                                | > joyceg@kalidatel. | COM |                                                                                  |
| <701>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Residential Local Service Charge Effective Date  1/1/20: Single State-wide Residential Local Service Charge | 16                  |     |                                                                                  |

<703>

| <a1></a1> | <a2></a2>       | <935       | <b1> "</b1> | <b2></b2>                         | <:3>                         | фФ ж.                       | <bs></bs> th5>                            | <c< th=""></c<>              |
|-----------|-----------------|------------|-------------|-----------------------------------|------------------------------|-----------------------------|-------------------------------------------|------------------------------|
| State     | Exchange (ILEC) | SAC (CETC) | Rate Type   | Residential Local<br>Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area<br>Service Charge | Total per line Rates and Fee |
| OH        |                 |            | FR          | 6.45                              | 0.0                          | 0.0                         | 0.0                                       | 6.45                         |
| ОН        |                 |            | FR          | 7.05                              | 0.0                          | 0.0                         | 0.0                                       | 7.05                         |
| ОН        |                 |            | FR          | 7.65                              | 0.0                          | 0.0                         | 0.0                                       | 7.65                         |
|           |                 |            |             |                                   |                              |                             |                                           |                              |
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|           |                 | <u> </u>   |             |                                   |                              |                             |                                           |                              |
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FCC Form 491 OMB Control No. 3060-0986/OMB Control No. 3050-0819 July 2013 Other, No limit on usage allowance When Limit Reached (select) Usage Allowance <4d>> Action Taken Usage Allowance 666666 666666 666666 666666 666666 666666 Upload Speed (Mbps) (GB) <cd35 **Broadband Service** 15.0 1.0 1.0 1.0 1.0 1.0 Broadband Service - B Download Speed ... <025> 10.0 20.0 15.0 30.0 0.6 8.0 joyceg@kalidatel.com 4195323218 ext. cdis 00 **Total Rates** Joyce Grote KALIDA TEL and Fees 2017 124.95 29.95 79.95 39.95 34.95 59.95 9 Contact Email Address - Email Address of person identified in data line <030> <035> Contact Telephone Number - Number of person identified in data line <030> State Regulated Fees <45.25 <030> Contact Name - Person USAC should contact regarding this data 0.0 0.0 0.0 0.0 0.0 0.0 Residential Rate cb.1> 124.95 29.95 34.95 39.95 59.95 79.95 Exchange (ILEC) <32> (710) Broadband Price Offerings Kalida Kalida Kalida Kalida Kalida Kaida <015> Study Area Name Study Area Code <020> Program Year Data Collection Form State <0.0> НО HO HO НО НО HO <010> <039> <711>

| (800) Operating Companies                                                           |                         |         | FCC Form 483                                        |
|-------------------------------------------------------------------------------------|-------------------------|---------|-----------------------------------------------------|
| Data Collection Form                                                                |                         |         | OMB Control No. 3060-0986/OMB Control No. 3060-0519 |
|                                                                                     | e<br>V                  |         | July 2013                                           |
| <010> Study Area Code                                                               | 300625                  |         |                                                     |
| <015> Study Area Name                                                               | KALIDA TEL CO           |         |                                                     |
| <020> Program Year                                                                  | 2017                    |         |                                                     |
| <030> Contact Name - Person USAC should contact regarding this data                 | Joyce Grote             |         |                                                     |
| <035> Contact Telephone Number - Number of person identified in data line <030>     |                         | ۳.      |                                                     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | 0> jeyceg@kalidatel.com | tel.com |                                                     |
| <810> Reporting Carrier Ralida Telephone Company, Inc.                              | æ                       |         |                                                     |
| <811> Holding Company Kalida Telephone Company, Inc.                                |                         |         |                                                     |
|                                                                                     |                         |         |                                                     |
|                                                                                     |                         |         |                                                     |
| <813>                                                                               |                         | <425    | 4035                                                |
| Affiliates                                                                          |                         | SAC     | Doing Business As Company or Brand Designation      |
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|              | bal Lands Reporting<br>lection Form                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FCC Form 481<br>OMB Control No. 3060-0985/OMB control No. 3060-0819<br>July 2013 |
|--------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <010>        | Study Area Code                                                                                        | 300625                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |
| <015>        | Study Area Name                                                                                        | KALIDA TEL CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |
| <020>        | Program Year                                                                                           | 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |
| <030>        | Contact Name - Person USAC should contact regarding this data                                          | Joyce Grote                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |
| <035>        | Contact Telephone Number - Number of person identified in data line <030>                              | 4195323218 ext.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| <039>        | Contact Email Address - Email Address of person identified in data line <030>                          | joyceg@kalidatel.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |
| 900>         | Does the filing entity offer tribal land services? (Y/N)                                               | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |
| 910>         | Tribal Land(s) on which ETC Serves                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| 920>         | Tribal Government Engagement Obligation                                                                | Name of Attac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | hed Document                                                                     |
| VOUE (       | company serves Tribal lands, please select (Yes,No, NA) for each these boxes                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
|              | rm the status described on the attached document(s), on line 920,                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
|              | strates coordination with the Tribal government pursuant to                                            | Select                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |
|              | 3(a)(9) includes:                                                                                      | Yes or No or<br>Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |
| 921>         | Needs assessment and deployment planning with a focus on Tribal community anchor institutions.         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| 922>         | Feasibility and sustainability planning;                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| 923>         | Marketing services in a culturally sensitive manner;                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| 924>         | Compliance with Rights of way processes                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| 925>         | Compliance with Land Use permitting requirements                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| 926>         | Compliance with Facilities Siting rules                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
|              |                                                                                                        | MANAGEM CONTRACTOR AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |
|              | Compliance with Environmental Review processes                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| 927><br>928> | Compliance with Environmental Review processes  Compliance with Cultural Preservation review processes | - Andrews and the second secon |                                                                                  |

|                  |                                                                                                                               |       | Page 12                                                                                                 |
|------------------|-------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------|
|                  | oice and Broadband Service Rate Comparability<br>ection Form                                                                  |       | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013                        |
| <010>            | Study Area Code                                                                                                               |       | 300625                                                                                                  |
| <015>            | Study Area Name                                                                                                               |       | KALIDA TEL CO                                                                                           |
| <020>            | Program Year                                                                                                                  |       | 2017                                                                                                    |
| <030>            | Contact Name - Person USAC should contact regarding this data                                                                 |       | Joyue Grote                                                                                             |
| <035>            | Contact Telephone Number - Number of person identified in data line                                                           | <030> | 4195323218 ext.                                                                                         |
| <039>            | Contact Email Address - Email Address of person identified in data line                                                       | <030> | joyceg@kalidatel.com                                                                                    |
| <1000><br><1010> | Voice services rate comparability certification  Attach detailed description for voice services rate comparability compliance | Yes   | 250H1010.pdf                                                                                            |
|                  |                                                                                                                               |       | Name of Attached Document                                                                               |
| <1020>           | Broadband comparability certification                                                                                         |       | - Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau |
| <1030>           | Attach detailed description for broadband comparability compliance                                                            | 30062 | 250H1030.pdf                                                                                            |
|                  |                                                                                                                               |       | Name of Attached Document                                                                               |

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

June 16, 2016

RE: Line 1010, Voice Services Rate Comparability

Dear USAC:

Kalida Telephone Company, Inc. certifies that its residential voice service rates are less than two standard deviations above the national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau (DA 16-362). The current voice service rates are \$6.45 in the base rate area, \$7.05 in Zone 1 and \$7.65 in Zone 2, all of which are below the national average urban rate floor of \$21.93. As such, the rates are well below two standard deviations above the national average urban rate (the reasonable comparability benchmark rate of \$41.07).

Sincerely,

Chris J. Phillips General Manager

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

June 16, 2016

RE: Line 1030, Broadband Services Rate Comparability Kalida Telephone Company, Inc. (SAC 300625)

#### Dear USAC:

Kalida Telephone Company, Inc. certifies that its residential broadband service rates are less than the national urban benchmark rate for broadband service, as specified in the public notice issued by the Wireline Competition Bureau (DA 15-470). The current broadband service rate for 10 Mbps download speed and 1 Mbps upload speed with unlimited usage is \$39.95 when purchased as part of the Triple Play Package. This rate is below the national urban benchmark of \$77.80.

Sincerely,

Chris J. Phillips General Manager

Chif Rhill

3006250H1030

|        | o Terrestrial Backhaul Reporting<br>ection Form                                                                                                                                                                              |                      | FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013 |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------|
| <010>  | Study Area Code                                                                                                                                                                                                              | 300625               |                                                                            |
| <015>  | Study Area Name                                                                                                                                                                                                              | KALIDA TEL CO        |                                                                            |
| <020>  | Program Year                                                                                                                                                                                                                 | 2017                 |                                                                            |
| <030>  | Contact Name - Person USAC should contact regarding this data                                                                                                                                                                | Joyce Grote          |                                                                            |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>                                                                                                                                                    | 4195323218 ext.      |                                                                            |
| <039>  | Contact Email Address - Email Address of person identified in data line <030>                                                                                                                                                | joyceg@kalidatel.com |                                                                            |
| <1100> | Certify whether terrestrial backhaul options exist (Y/N)                                                                                                                                                                     | Yes                  |                                                                            |
| 11302  | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g). | kbps                 |                                                                            |

| Lifeline  | erms and Condition for Lifeline Customers ection Form                                                                                                                                                                                 |              |                      | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|----------------------------------------------------------------------------------|
| <010>     | Study Area Code                                                                                                                                                                                                                       |              | 300625               |                                                                                  |
| <015>     | Study Area Name                                                                                                                                                                                                                       |              | KALIDA TEL CO        |                                                                                  |
| <020>     | Program Year                                                                                                                                                                                                                          |              | 2017                 |                                                                                  |
| <030>     | Contact Name - Person USAC should contact regarding this data                                                                                                                                                                         |              | Joyce Grote          |                                                                                  |
| <035>     | Contact Telephone Number - Number of person identified in data                                                                                                                                                                        | ine <030>    | 4195323218 ext.      |                                                                                  |
| <039>     | Contact Email Address - Email Address of person identified in data                                                                                                                                                                    |              | joyceg@kalidatel.com |                                                                                  |
| <1210>    | Terms & Conditions of Voice Telephony Lifeline Plans                                                                                                                                                                                  |              | 3006250H1210.pdf     | Name of Attached Document                                                        |
| <1220>    | Link to Public Website                                                                                                                                                                                                                | HTTP         |                      | Name of Attached Document                                                        |
| or the we | heck these boxes below to confirm that the attached document(s), on line ebsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mureport: | •            |                      |                                                                                  |
| <1221>    | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,                                                                                                                 | 1            |                      |                                                                                  |
| <1222>    | Details on the number of minutes provided as part of the plan,                                                                                                                                                                        | <b>/</b>     |                      |                                                                                  |
| <1223>    | Additional charges for toll calls, and rates for each such plan.                                                                                                                                                                      | $\checkmark$ |                      |                                                                                  |

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

Line 1210, Terms and Conditions for Lifeline Customers Kalida Telephone Company, Inc. (SAC 300625)

Kalida Telephone Company (SAC 300625) has established terms and conditions for Lifeline customers that incorporate the federal and state requirements as documented in its Basic Local Exchange Service Tariff PUCO No. 5, Section 4, and First Revised Sheet No. 1.

The Company shall provide Lifeline service as defined in 47 C.F.R. § 54.401 (a) on a non-discriminatory basis to all qualifying low-income customers. The Company's Lifeline service offering shall comply with all applicable federal and state laws, including, but not limited to, 47 C.F.R. Part 54, Subpart E; the FCC's Lifeline reform order (Report and Order released February 6, 2012, WC Docket No, 11-42, et. al) and any subsequent clarifying orders; Section 4927.13, Revised Code; Rule 4901:1-6-19, Ohio Administrative Code; and, the Commission's nontraditional Lifeline service order (Finding and Order adopted May 23, 2012, Case No. 10-2377-TP-COI) and any subsequent entries and/or orders.

In 2014, the company began participating in the National Lifeline Availability Database (NLAD). This database is designed to help the company identify and resolve duplicate claims for Lifeline Program-supported service and to prevent future duplicates. All applications for Lifeline service are verified using NLAD in order to prevent duplicate service from being established.

The Lifeline discount applies to Basic Local Exchange Service (BLES) as defined by Ohio Revised Code 4927.01(A) (1). For residence customers, BLES consists of local dial tone service, flat-rate telephone exchange service, touch-tone dialing service, access to and usage of 9-1-1 services, provision of a telephone directory at no charge, listing in that directory, per call caller identification blocking services, access to telecommunications relay service and access to toll presubscription, interexchange or toll providers or both, and networks of other telephone companies. The company also provides an optional toll denial feature at no additional charge. The current rates for residential BLES are \$6.45 per month in the base rate area, \$7.05 in Zone 1 and \$7.65 in Zone 2.

The company applies the Lifeline support amount as follows: first, to waive the End User Common Line EUCL Charge of \$6.50 and second, to discount the residential BLES charge with the remaining balance of the support amount, in compliance with 47 CFR §54.403(b).

Residential BLES customers may also add optional service features and subscribe to a variety of long distance calling plans offered by the company. No discount is applied to these services because the entire Lifeline support amount is exhausted after applying it to the EUCL and BLES charges.

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| Data Colle  | ce Cap Carrier Additional Documentation                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                                                                                                                                                                                                                                                                         | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| including i | Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers                                                                                                                                                                                  | THE POST OF THE PERSON NAMED IN COLUMN 2 I | According to the same of the s | July 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <010>       | Study Area Code                                                                                                                                                                                                                                            | 300625                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|             | Study Area Name                                                                                                                                                                                                                                            | KALIDA TEL CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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|             | Program Year                                                                                                                                                                                                                                               | 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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|             | Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>                                                                                                                   | Joyce Grote<br>4195323218 ext.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No. of the second secon |
|             | Contact Email Address - Email Address of person identified in data line <030>                                                                                                                                                                              | joyceg@kalidatel.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| and Cor     | ne appropriate responses below (Yes, No, Not Applicable) to not<br>nnect America Phase II support as set forth in 47 CFR § 54.313(b                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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|             | Incremental Connect America Phase I reporting                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <2010>      | 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note<br>2016 certification, this applies to Round 2 recipients<br>Support                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <2011>      |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <2022>      |                                                                                                                                                                                                                                                            | ne locations in<br>band Initiatives<br>as Program for<br>at least 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <2023×      | The attachment on line 2024 includes a statement or capital funding expended in the previous year in me America Phase I deployment obligations, accompaniblocks indicating where funding was spent. This county 54.313(b)(2)(ii). Round 2 recipients only. | of the total amount of<br>eting Connect<br>fied by a list of census                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <2024       | Attach list of census blocks indicating where funding<br>two - 54.313(b)(2)(ii). Round 2 recipients only.                                                                                                                                                  | g was spent in year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Name of Attached Document L<br>Required Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <2025       | A> Round 1 or Round 2 Recipient of Incremental Suppo                                                                                                                                                                                                       | rt?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <2025       | Attach geocoded Information for Phase I milestone<br>year three and Round 2 for year two) - Connect Amo<br>Docket 10-90, Report and Order, FCC 13-                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Attached Document L<br>Required Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| <2015       | > 2016 and future Frozen Support Certification 47 CFF                                                                                                                                                                                                      | R § 54.313(c)(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| ata Collection For | rrier Additional Documentation (Continued)<br>m<br>iturn Carriers offiliated with Price Cop Local Exchange Carriers                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FCC Form 481<br>OMS Control No. 3060-0985/OMS Control No. 3060-0819<br>July 2013 |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <2016>             | Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |
| Connect            | America Phase II Reporting {47 CFR § 54.313(e)}                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |
| <2017A>            | Connect America Fund Phase II recipient?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |
| <2017B>            | Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price                                                                                                                                                                                                                                                                                                                                                          | Name of Attached Document Listing Required Information                           |
| <2018>             | cap carrier used for capital expenditures in 2015.  Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)                                                                                                                                                                                                                                                                                                                                | Name of Attached Document Listing Required Information                           |
| <2019>             | Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v) |                                                                                  |
| <2020>             | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |
| <2021>             | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |
| <2026>             | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |
| <2027>             | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |

| (3005) flate                           | Of Faturn Carner Additional Documentation                                                                                                                                                                                                                                                                   |                               |                   |                 | FCC Form 481                                                |         |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|-----------------|-------------------------------------------------------------|---------|
| Data Collect                           |                                                                                                                                                                                                                                                                                                             |                               |                   | The Payer       | ONAL CONTROL NO. 2050-0986/OMB Control No. 306/<br>149 2013 | -0619   |
| <010>                                  | Christia Assa Cada                                                                                                                                                                                                                                                                                          |                               |                   |                 |                                                             |         |
|                                        | Study Area Code                                                                                                                                                                                                                                                                                             |                               | 300625            |                 |                                                             |         |
| <015>                                  | Study Area Name                                                                                                                                                                                                                                                                                             |                               | KALIDA '          | TEL CO          |                                                             |         |
| <020>                                  | Program Year                                                                                                                                                                                                                                                                                                |                               | 2017              |                 |                                                             |         |
| <030>                                  | Contact Name - Person USAC should contact regarding this                                                                                                                                                                                                                                                    | data                          | Joyce G:          | rote            |                                                             |         |
| <035>                                  | Contact Telephone Number - Number of person identified in                                                                                                                                                                                                                                                   | n data line <030>             | 41953232          |                 |                                                             |         |
| <039>                                  | Contact Email Address - Email Address of person identified i                                                                                                                                                                                                                                                | n data line <030>             | joyceg@]          | kalidate        | 1.com                                                       |         |
| Complete                               | the items below to note compliance with five year                                                                                                                                                                                                                                                           | service quality of            | an (nursuant to   | 47 CFR 6 54.1   | 202(a)) and, for privately held carriers, e                 | nsuring |
| compliand                              | the with the financial reporting requirements set fort<br>nents attached below is accurate.                                                                                                                                                                                                                 | h in 47 CFR § 54.             | 313(f)(2). I furt | her certify tha | t the information reported on this form                     | and in  |
| 3009)                                  | Progress Report on 5 Year Plan<br>Carrier certifies to 54.313(f)(1)(iii)                                                                                                                                                                                                                                    |                               | V 15              | tach Cartific   | ation.                                                      |         |
| 3010A)                                 | Milestone Certification {47 CFR $\S$ 54.313(f)(1)(i)}                                                                                                                                                                                                                                                       |                               |                   |                 | 3 <mark>036287H 010.pdf</mark>                              |         |
| 3010B)                                 | Please Provide Attachment                                                                                                                                                                                                                                                                                   | Name of Attach<br>Information | ed Document Lis   | ting Required   |                                                             |         |
| 3012A)                                 | Community Anchor Institutions (47 CFR §                                                                                                                                                                                                                                                                     | No - 10 New Com               | munity Anchors    | i.              |                                                             |         |
| 30128)                                 | 54.313(f)(1)(ii)) Please Provide Attachment                                                                                                                                                                                                                                                                 | Name of Attach                | ed Document Lis   | ting Required   |                                                             |         |
| 3013)                                  | Is your company a Privately Held ROR Carrier {47 CFR                                                                                                                                                                                                                                                        | Information<br>(Yes/No)       | •                 | 0               |                                                             |         |
|                                        | § 54.313(f)(2))                                                                                                                                                                                                                                                                                             |                               | 0                 | <b>(</b>        |                                                             |         |
| 3014)                                  | If yes, does your company file the RUS annual report                                                                                                                                                                                                                                                        | (Yes/No)                      |                   | 0               |                                                             |         |
| 3015)<br>3016)                         | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement |                               |                   |                 |                                                             |         |
| 3017)                                  | and Statement of Cash Flows  If the response is yes on line 3014, attach your                                                                                                                                                                                                                               | Name of Attach                | ed Document Lis   | ting Required   |                                                             |         |
| ************************************** | company's RUS annual report and all required documentation                                                                                                                                                                                                                                                  | Information                   |                   |                 |                                                             |         |
| 3018)                                  | additional lift the response is no on line 3014, is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission on line                                                                                                                             | (Yes/N                        | (0)               | •               |                                                             |         |
| 3019)                                  | 3026 pursuant to § 54.313(f)(2), contains:<br>Either a copy of their audited financial statement; or<br>(2) a financial report in a format comparable to RUS                                                                                                                                                |                               |                   |                 |                                                             |         |
| 3020)                                  | Operating Report for Telecommunications Borrowers<br>Document(s) for Balance Sheet, Income Statement<br>and Statement of Cash Flows                                                                                                                                                                         |                               |                   |                 |                                                             |         |
| 3021)                                  | Management letter and/or audit opinion issued by<br>the independent certified public accountant that<br>performed the company's financial audit.<br>If the response is no on line 3018, please check the                                                                                                    |                               |                   |                 |                                                             |         |
| 3022)                                  | boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for                     |                               |                   | /               |                                                             |         |
| 3023)                                  | Telecommunications Borrowers Underlying information subjected to a review by an independent certified public accountant                                                                                                                                                                                     |                               |                   | 1               |                                                             |         |
| 3024)                                  | Underlying information subjected to an officer certification.                                                                                                                                                                                                                                               |                               |                   | /               |                                                             |         |
| 20251                                  | Document(s) for Balance Sheet, Income Statement                                                                                                                                                                                                                                                             |                               |                   |                 |                                                             |         |
| 3025)                                  | and Statement of Cash Flows                                                                                                                                                                                                                                                                                 |                               |                   |                 |                                                             |         |

Name of Attached Document Listing Required Information

(3026)

Attach the worksheet listing required information

05.5003024.pdf, 3006250H3025.pdf

1985/CMB Control No 3060-0219

| Total Collection Form  Data Collection Form  CMMS Course No. 2860-07  July 2013  -0109 Study Area Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                    | 4030> Contact Name - Person USAC should contact regarding this data Joyce Grote | Ine <030>            | C039s Contact Email Address - Email Address of narrow identified in data line 2000s |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|---------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------|
| Data Collection Form  C | <015 > Study Area Name | <020> Program Year | Contact Name - Perso                                                            | Contact Telephone Nu | Contact Finail Address                                                              |
| Data Colle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <015>                  | <020>              | <030>                                                                           | <035>                | <039>                                                                               |

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

June 16, 2016

RE: Line 3010 Reasonable Request Broadband

Dear USAC:

Pursuant to 47 CFR §54.313(f)(1)(i), Kalida Telephone Company, Inc. (SAC 300625) certifies that it is able to provide broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream to all customers within its study area, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

In support of this certification, the Company's broadband network consists of a combination of fiber-to-the-premise that is capable of speeds in excess of 100 Mbps and ADSL2+ that is capable of speeds in excess of 10 Mbps downstream and 1 Mbps upstream. Requests for service are typically fulfilled within one to two business days, oftentimes on the same day as the request. Broadband maximum speed offerings are currently 10 Mbps downstream/1 Mbps upstream for residential and business customers served via DSL and 30 Mbps downstream/5 Mbps upstream for residence and business customers served via fiber. The company provides unlimited usage with all of its broadband offerings.

Sincerely,

Chris J. Phillips

**General Manager** 

Chig. Phlli

3006250H3010

121 E. Main Street ♦ Box 267 ♦ Kalida, Ohio 45853
Phone 419-532-3218 ♦ Fax 419-532-3300 ♦ Email ktc@kalidatel.com

June 16, 2016

Dear USAC:

I hereby attest that the enclosed financial statements for Kalida Telephone Company, Inc. SAC number 3600625 are true and accurate to the best of my knowledge.

Sincerely,

Chris J. Phillips General Manager

Chig. Phlh

# Financial Information Redacted in Its Entirety



(4005) Rurel Broadband Experiment Additional Bocumeniation Date Collection Form FCC Form 451 OMB Control No. 2060-0986/OMB Control No. 9050-0819 July 2013

| <010> | Study Area Code                                                    | 300428                          |
|-------|--------------------------------------------------------------------|---------------------------------|
| <015> | Study Area Name                                                    | KALIN '. '                      |
| <020> | Program Year                                                       | 2617                            |
| <030> | Contact Name - Person USAC should contact regarding this data      | Jr. ce . oce                    |
| <035> | Contact Telephone Number - Number of person identified in data I   | ine <030> 4195323218 F          |
| <039> | Contact Email Address - Email Address of person identified in data | line <030> poyer, sala stella s |

#### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to Indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

relevant geographic area.

| 4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.                                                                | Name of Attached Document Listing Required Information |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| Broadband Deployment Locations – FCC 14-98 (par                                                                                                                                                                                                         | agraph 80)                                             |  |
| 4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.                                                                             | Name of Attached Document Listing Required Information |  |
| 4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the | Name of Attached Document Listing Required Information |  |

|       | ion - Reporting Carrier<br>lection Form                                       | FCC Form 481<br>OM8 Control No. 3060-0986/OM8 Control No. 3060-0819<br>July 2013 |
|-------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code                                                               | 300625                                                                           |
| <015> | Study Area Name                                                               | KALIDA TEL CO                                                                    |
| <020> | Program Year                                                                  | 2017                                                                             |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Joyce Grote                                                                      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 4195323218 ext.                                                                  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | joyceg@kalidatel.com                                                             |

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| l certify that I am an officer of the reporting carrier; my responsi<br>recipients; and, to the best of my knowledge, the information re | bilities include ensuring the accuracy of the annual reporting requirements for universal service ported on this form and in any attachments is accurate. |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Reporting Carrier: KALIDA TEL CO                                                                                                 |                                                                                                                                                           |
| Signature of Authorized Officer: CERTIFIED ONLINE                                                                                        | Date 06/15,                                                                                                                                               |
| Printed name of Authorized Officer: Chris Phillips                                                                                       |                                                                                                                                                           |
| Title or position of Authorized Officer: GM/Treasurer                                                                                    |                                                                                                                                                           |
| Telephone number of Authorized Officer: 4195323218 ext.                                                                                  |                                                                                                                                                           |
| Study Area Code of Reporting Carrier: 300625                                                                                             | Filing Due Date for this form: 07/01/2016                                                                                                                 |